

**SUBJECT ACCESS REQUEST**  
**Article 15 GDPR 2016**

**Details of the Records to be Accessed:**

|                 |            |
|-----------------|------------|
| Patient Surname | NHS Number |
| Forename(s)     | Address    |
| Date of Birth   |            |

**Details of the Person who wishes to access the records, if different to above:**

|                         |  |
|-------------------------|--|
| Surname                 |  |
| Forename(s)             |  |
| Address                 |  |
| Telephone Number        |  |
| Relationship to Patient |  |

Declaration: I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of GDPR 2016

Tick whichever of the following statements apply.

- I am the patient.
- I have been asked to act by the patient and attach the patient's written authorisation.
- I am acting in Loco Parentis and the patient is under age sixteen, and is incapable of understanding the request / has consented to me making this request.  
(\*delete as appropriate).

**YOUR SIGNATURE.....DATE.....**

Please note: The timescale for preparation of your medical records is 1 month. You will be contacted and advised to attend the surgery with photographic ID upon collection (or viewing) of the medical records.

A charge will be imposed for any further access requests within 1 year.

Continued>>

**Details of my Application**

(please tick as appropriate)

**Patient to complete**

|   |  |
|---|--|
| <b>I am applying for access to view my records only</b>     |  |
| <b>I am applying for copies of my medical record</b>        |  |
| <b>I have instructed someone else to apply on my behalf</b> |  |
| <b>I have attached the appropriate fee</b>                  |  |

**Notes:**

**Optional** – Please use this space below to inform us of certain periods and parts of your health records you may require, or provide more information as requested above.

This may include specific dates, consultant name and location, and parts of the records you require e.g. written diagnosis and reports. Note: defining the specific records you need may result in lower fee charges and a quicker response.

|  |  |
|--|--|
| <b>I would like a copy of all records</b>  |  |
| <b>I would like a copy of records between specific dates only (please give date range) below</b>                 |  |
| <b>I would like copy records relating to a specific condition / specific incident only (please detail below)</b> |  |